

**ALABAMA DEPARTMENT OF PUBLIC HEALTH  
PROGRAM SIGN-IN SHEET and EVALUATION**  
**Latino/Hispanic 101: Overcoming Barriers and Increasing Understanding**  
**ASNA NO: 5-91.98    ABN PROVIDER NUMBER: ABNPO387    DATE: May 12, 2004**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Please check one:    ☐ Nurse    ☐ Social Worker    ☐ Registered Dietitian    ☐ Other \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

Shade in the circle under the number you think best evaluates this educational offering:    5 - Very useful    4 - Slightly useful    3 - Average    2 - Not useful    1 - Unacceptable

**Teaching effectiveness of presenter(s):**

	5	4	3	2	1
Yolanda Martinez, BSN .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Julia Hayes, MS, RD .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Course Content Objectives:**

1. List at least one country of origin of the Latinos moving and living in Alabama .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Discuss two of the demographic and health statistics of the Latino population that utilize services of the Alabama Department of Public Health .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. List three health issues, perceptions, and concerns of the Latino.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. List two barriers to health care services that the Latino population experiences .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Explain two ways of taking care of the Latino patient .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Describe two methods of communicating when language is a barrier .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

List one thing you will do differently as a result of this training: \_\_\_\_\_

Other education programs you would be interested in attending: \_\_\_\_\_

I attest that I viewed at least 85% of this program: Participant's Signature: \_\_\_\_\_ Date viewed: \_\_\_\_\_

☐ **No CEU's Requested**, mail completed form to: Alabama Department of Public Health; Office of Professional and Support Services, Attention: Training Coordinator; PO Box 303017, Suite 1010; Montgomery, Alabama 36130-3017.

**NOTE: IF CEU'S ARE REQUESTED: Within 3 working days**, fax (334-206-5640) or mail completed form to: Alabama Department of Public Health; Video Communications, PO Box 303017, Suite 940; Montgomery, Alabama 36130-3017.

Out of state participants include \$20 per person (check payable to: Alabama Department of Public Health)

☐ Check included    ☐ Check will follow    ☐ Please invoice    **Certificate will not be provided until we receive evaluation form.**    IRS Tax ID No. 63-1106545